

**THE HUGHEN CENTER, INC.**  
2849 Ninth Avenue  
Port Arthur, Texas 77642  
Phone: (409)983-6659 Fax: (409)983-6408

**Instructions: This is an interactive form. Please complete all form fields, save the document and email this document to [info@hughencenter.org](mailto:info@hughencenter.org) or fax to 409-983-6408.**

**Release Form**

I hereby authorize a representative of The Hughen Center, Inc. to refer my child to a physician or to be admitted to the hospital for emergency, medical, or surgical treatment as deemed necessary. I understand that an effort will be made to contact me before hospital admission and that I will be notified as soon as possible in any event.

\_\_\_\_\_ Yes \_\_\_\_\_ No

I hereby authorize the nursing staff of The Hughen Center, Inc. to administer prescribed medications to my child as directed by a physician in writing and to administer such over-the-counter medications as are deemed necessary by the nursing staff to ensure the well-being of the child.

\_\_\_\_\_ Yes \_\_\_\_\_ No

I hereby authorize the release of information regarding my child to and from such agencies or individuals who may be involved in providing services for the child as deemed necessary by a representative of the professional staff of The Hughen Center, Inc.

\_\_\_\_\_ Yes \_\_\_\_\_ No

I hereby consent that photographs of my child, or reproductions of same may be used by The Hughen Center, Inc or by others with the consent of The Hughen Center, Inc. for the purpose of illustration, advertising, or publication in any manner.

\_\_\_\_\_ Yes \_\_\_\_\_ No

I hereby consent that my child may go off-campus for outings or church if accompanied by staff or official volunteers of The Hughen Center, Inc.

\_\_\_\_\_ Yes \_\_\_\_\_ No

I hereby authorize The Hughen Center, Inc. to allow my child to have visitors on campus during visiting hours with prior notice and to receive phone calls at the discretion of the staff.

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Parent/Guardian Signature

\*Signature required at time of placement.

\_\_\_\_\_  
Date

*This form must be completed before a student can be admitted to the residential program. The original is to be kept in the student's administrative file with a copy in the nursing file. Releases will remain in effect until parent/guardians notify the director in writing of any changes to be made to Release Form.*